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LUNACY AND MENTAL DEFICIENCY

The Thirty-third  
Annual Report of the  
Board of Control

for the Year 1946

PART I

*Presented pursuant to Act of Parliament*

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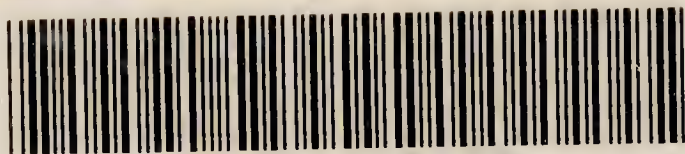
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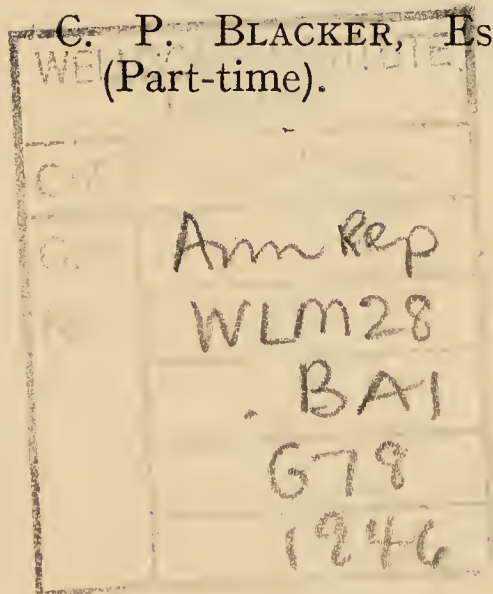
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# THE THIRTY-THIRD ANNUAL REPORT OF THE BOARD OF CONTROL (FOR THE YEAR 1946)

## INTRODUCTORY

### Accommodation

At the end of the year 1946 there were 146,444 persons under care under the Lunacy and Mental Treatment Acts, and of these 128,579 were in public mental hospitals. The bed space in these hospitals, calculated on the approved standards, was for 127,087 patients. But of these beds, 15,170 were not available for use because 10,417 were still diverted to war-time services, 3,080 were not in use through shortage of staff, and 1,673 were awaiting restoration or re-equipment. The cumulative result was an aggregate overcrowding of 13·1 per cent. on the basis of the recognised bed space. If all the beds had been available, there would still have been a deficiency of accommodation for 2,375 female patients, though on the male side there would have been a margin of 883 beds in excess of the immediate requirements.

The admissions to mental hospitals during 1946 (of which more than half were voluntary) showed an increase of 6,009 over 1945. Perhaps the most remarkable development in the Mental Health Service in recent years has been the steady rise of admissions to mental hospitals. The figure (35,585) for 1946 compares with 27,437 for 1938. The comparison of voluntary admissions is still more striking, for in 1946 these admissions amounted to 18,059, whereas in 1938 they numbered 9,651. This increase is not, we feel sure, due to a rise in the incidence of mental illness, but follows the development of medical and lay opinion which evinces a much greater awareness of the importance of early treatment. It would seem, moreover, that the public are beginning to appreciate that a mental hospital is a place where effective treatment is possible and where conditions are in a great many instances fully acceptable to those seeking treatment. The mental hospital in fact is rendering ever increasing service in the treatment of patients whose mental illness may not have responded to treatment in out-patient departments or in their homes. It is probable also that for a variety of reasons treatment of patients or their daily care is becoming increasingly difficult and onerous in their own homes, particularly in the case of elderly patients. These considerations, and particularly the signs of greater readiness on the part of the public to seek early treatment, make it probable that the number for whom accommodation must be provided will continue to increase. While any estimate must be entirely provisional, we think that during the next ten years it is possible that an additional 1,500 beds a year may be required.

Departures showed an increase of 4,519 over 1945. This was no doubt due largely to the number of voluntary patients who seek early treatment. Many are quickly restored to health and leave hospital after a relatively short period of treatment.

The shortage of accommodation for mental defectives is greater than that for the mentally disordered. On the 1st January, 1947, there was overcrowding to the extent of 4,131 beds, and there were 3,898 mental defectives under statutory supervision who were awaiting admission to institutional care. We have no doubt that there are many more needing institutional



care whose presence in the home in the meantime is a grievous burden to the family. Great difficulty, moreover, is being experienced in finding accommodation for defectives whose anti-social behaviour has brought them before the courts, and whose presence in the community is a potential danger. We note that in 1946 4,209 children were notified as mentally defective by local education authorities. This figure compares with 3,276 in 1945 and 3,232 in 1944. The increase in 1946 of more than 25 per cent. on the previous year is probably attributable to the effect of the provisions of the Education Act, 1944.

The shortage of labour and materials and the priority necessarily accorded to housing for several years now have prevented almost entirely the provision of any new accommodation for mental patients, both under the Lunacy and Mental Treatment Acts and Mental Deficiency Acts ; and, unless the situation can be so adjusted as to permit some expansion in the near future, we do not at present see any remedy for the partial breakdown in institutional provision which is already causing difficulties, particularly as regards mental defectives.

### **Discharges**

The total number of patients discharged from mental hospitals during 1946 (25,326) was the highest ever recorded and represented 71·2 per cent. of the direct admissions, the average for the preceding five years being 67·1 per cent.

### **General Health**

The general health of the patients has been good, and their well-being reflects great credit upon the medical, nursing, and administrative staffs of the mental hospitals and mental deficiency institutions whose devoted service has done much to overcome the many and persistent difficulties arising from the war and its aftermath. The death rate which in mental hospitals was 7·35 per cent. of the daily average number of patients resident, although slightly higher than in 1945, was 0·01 per cent. below the mean percentage for the preceding ten years.

### **Nursing Staffs**

The shortage of nurses, particularly of female nurses, has continued to be perhaps the most serious single handicap under which the Mental Health Service has laboured. But at the turn of the year, some hospitals were finding a slight improvement in the situation. Many obtained relief by using auxiliary staff for much of the work which could not be strictly defined as nursing the mentally sick. We would again record our appreciation of the courage with which the depleted experienced nursing staff have continued to carry out their nursing duties. At the same time, they have loyally accepted and surmounted the difficulties that arise from the introduction of new types of staff, of part-time workers, and in many cases of overtime duties.

Timely assistance has been given to a number of hospitals by the Women's Voluntary Services, the British Red Cross Society, and the Order of St. John who arranged, at our suggestion, for some of their members to give part-time voluntary service in certain mental hospitals and mental deficiency institutions thereby appreciably easing the burden on the depleted nursing staffs. We are greatly indebted to these three organisations for their help and for the readiness with which they immediately responded to our calls upon them.

There has, in our view, been some improvement in the general conditions of service in mental hospitals, and particularly in the accommodation for nurses. For many years it has been the custom in most mental hospitals to have bedrooms adjacent to wards occupied by nurses who, although not on duty, were available during the night in the event of an emergency. There are clear



disadvantages in requiring nurses to sleep in the ward units, and for a variety of reasons the practice is now becoming less and less common. For example, the improved structure of buildings has reduced the risk of fire, and changes in social habits together with developments in all branches of treatment have led to improved behaviour in persons of unsound mind. There has also been a gradual increase in the number of night staff on duty. All these factors have combined to reduce the frequency of emergencies arising at night, and to an increasing degree it has become possible to group resident nurses together in a nurses' home with perhaps a small number occupying quarters adjacent to the main buildings. These developments are still in their early stages, but they are progressive and we believe it is now generally accepted in hospitals that it is no longer necessary or desirable for nurses who have been on duty during the day to sleep in ward units.

### **Physical Treatment of Mental Disorders**

The physical treatment of mental disorders which has been extensively used now for a number of years continues to develop as a valuable means of dealing with certain forms of mental illness. An estimation of the results obtained from the various types of treatment is from time to time to be found in the scientific journals ; and we are glad to note that some form of physical treatment is used in every mental hospital to supplement psycho-therapy and other methods of approach. Among the many forms of treatment, the progress of which we have watched with interest, we have observed in particular the development of pre-frontal leucotomy ; and in February, 1947, the Board issued a report on 1,000 cases, this report being mainly the work of Dr. Isabel Wilson. Some time must necessarily elapse before opinion can crystallise as to the precise place which this form of treatment can fill, but there seems reason to hope that for certain types of case the operation of pre-frontal leucotomy offers a probability of relief and the possibility of recovery.

### **Occupational Therapy**

The expression " Occupational Therapy " is widely used, but we believe that its possibilities as an adjunct to other forms of treatment are not yet fully understood by the public, or indeed by many who work in hospitals. Whilst occupational treatment for recent cases and for patients in the early stages of mental illness is now given an important place in most hospitals, its use in the care of chronic patients is less clearly recognised or established. It is for these patients that we wish here to emphasise its importance. For mentally disordered men and women who remain in the hospital for long periods, and for whom other forms of treatment have been of no avail, occupational and recreational therapy may be the only means of preventing deterioration of personality with all its attendant unhappiness to relatives, nurses, and to the patients themselves.

### **Hospital Libraries**

Hospital libraries during the war suffered inevitably from shortage of books and shortage of staff. In June, 1946, we were able to issue a circular drawing the attention of mental hospitals to a generous offer of help from the Order of St. John and the British Red Cross Society Hospital Library Department. To supplement the help given by public libraries, that Department offered to supply not only bound and paper covered books, with materials for binding and repairs, but also to assist in finding trained librarians and to arrange short periods of training in hospital libraries for members of hospital staffs. Later in the year we commended to the notice of the managers of mental institutions generally the British Red Cross Society's Picture Library Scheme under



which representatives of the Society collected and changed pictures at regular intervals and arranged for lecturers to give talks on all aspects of art. The value and importance of these services in stimulating the interest of patients and bringing fresh activity into institutional life needs no emphasis at our hands, and we are happy to learn that the fullest advantage has been taken of the beneficent action of the British Red Cross Society and Order of St. John.

### **Social Workers**

The shortage of social workers trained to undertake mental health work in the community continues and is acutely felt in psychiatric out-patient departments, child guidance clinics, and in the Mental Deficiency Service, as well as in mental hospitals, where the psychiatric social worker forms an important link between the patient and the community. Training courses for psychiatric social workers of a year's duration have now been established in Edinburgh and Manchester, as well as in London, but the number undergoing training falls far short of requirements. Mental deficiency services all over the country are also calling for trained workers and no special course has yet been organised to meet the need.

### **National Health Service Act**

Throughout the year under review much of our attention has been devoted to work arising under the National Health Service Act, first during its passage through Parliament, and subsequently in the preparations necessary before the Act comes into operation in 1948. The broad effect of the Act in relation to the Mental Health Service is that it integrates this Service with the National Health Service both centrally and locally.

Centrally, the administrative functions of the Board of Control are transferred to the Minister of Health, the Board retaining, however, their quasi-judicial functions in relation to the admission and detention of patients where questions of the liberty of the subject arise. For the discharge of the functions transferred to the Minister, the members and officers of the Board of Control will in future act as officers of the Minister. The Board will act in an independent capacity when discharging their quasi-judicial functions in relation to the liberty of the subject. The Minister will be responsible for the provision of hospital and specialist services, and these will be managed through the agency of the Regional Hospital Boards and Hospital Management Committees appointed by those Boards which will replace the present Visiting and Managing Committees. The local Health Authorities (i.e., County Councils and County Borough Councils) will be responsible for the initial care of patients requiring treatment under the Lunacy and Mental Treatment Acts and in certain circumstances for after care; and they will also be responsible for ascertainment, supervision, guardianship, and community training of mental defectives.

The Mental Health Service will be completely divorced from the Poor Law; the admission of mental patients to workhouses will in due course cease, and the Relieving Officer will be superseded by the duly authorised officer of the Local Health Authority. The distinctions between procedure for dealing with private patients and rate-aided patients under the Lunacy Acts are modified; and both procedures are made available in the matter of admission and discharge.

The Board have prepared for issue a memorandum setting out in detail the effect of the modifications in the Lunacy and Mental Treatment Acts and Mental Deficiency Acts which have been enacted by the National Health



Service Act. These are far-reaching and complicated and render still more urgent the re-writing of the Lunacy and Mental Deficiency Code to which we referred in our last Report.

The Board of Control welcome the integration of the Mental Health Service with the National Health Service. They have long held the view that further progress in the treatment of mental illness would depend largely upon the closer association of psychiatry with general medicine, and the breaking down of that isolation by which the treatment of mental illness has so often been handicapped. We believe that in the development of the integrated service there are invaluable opportunities for expanding the scope and increasing the efficiency of the mental health service.

### **Board of Control**

In November, 1946, the Board and their staff returned from St. Annes-on-Sea to which they had been evacuated in 1939. The absence of the Department from London, prolonged as it was for no less than eighteen months after the end of the war, gravely handicapped our work and militated against the effective handling of many urgent questions that arose, including some of the work on the proposed integration of the Mental Health Service in the National Health Service. The Board are now accommodated at 32, Rutland Gate, Knightsbridge, and the return to London has greatly facilitated the conduct of our business, both with the public and the other Government Departments with which we are in constant touch. The proper organisation of the Department will not, however, be complete until arrangements can be made for the concentration of our records, some of which are still dispersed at a great distance from London.

Shortly after the end of the year under review Dr. H. C. Devas retired from the Service. He had been a Commissioner since 1931, previously to which he had been Medical Superintendent of the Royal Naval Hospital, Great Yarmouth. Dr. Devas combined long experience and balanced judgment with a personality which specially fitted him for the duties of Medical Commissioner; and we greatly regret the loss of his devoted services.

## I. MENTAL DISORDERS

(Lunacy and Mental Treatment Acts: 1890 to 1930)

### *Numbers under Care*

At the end of the year 1946 the total number of persons suffering from mental disorder notified as under care in England and Wales was 146,444, an increase during the year of 417 (males 236, females 181) compared with a decrease of 241 during 1945. This is the first year since 1938 in which we have not had to record a decrease and the increase in the numbers under care is no doubt partly attributable to the greater number of voluntary patients seeking treatment.

The distribution of the sexes—males 42·8, females 57·2 per cent.—is the same as last year, while the average for the preceding decade was: males 43·6, females 56·4 per cent.

### Class, Status and Distribution

#### *Class (Private, Rate-aided, Criminal)*

*Private* patients at the end of 1946 numbered 13,531 (males 7,303, females 6,228). Voluntary patients increased by 147 while the temporary decreased by 12 and the certified by 172, making a net decrease of 37 in this class. Included here are 4,072 Service and Ex-Service patients, 79 more than a year ago.

Patients in the Naval and Military Hospitals (R.N. Hospital, Great Yarmouth, 174; Royal Victoria Hospital ("D" Block), Netley, 53) are included among the private patients as are the 19 persons found of unsound mind by inquisition who were resident in institutions. There were, in addition, 24 persons (male 10, female 14) so found by inquisition who, not being resident in institutions, are not notified to us and so do not fall within the scope of our statistics. The total number of these inquisition cases, which thirty years ago was nearly 400, continues to show a steady decrease year by year.

The sex distribution of the private patients was: males 54·0, females 46·0 per cent.; but if the Service and Ex-Service patients are excluded, as is advisable if it is desired to draw conclusions from such proportions, the percentages become: males 34·5, females 65·5.

*Rate-aided* patients on the same date numbered 132,019 (males 54,757, females 77,262) or 90·1 per cent. of all the notified patients. Voluntary cases increased by 1,496 and temporary by 54 while certified declined by 1,107, resulting in a net increase of 443 in this class.

The sex distribution of the rate-aided patients was: males 41·5, females 58·5 per cent.; or, if the Service and Ex-Service patients are included, males 43·2, females 56·8 per cent.

*Criminal* patients numbered 894 (males 688, females 206), an increase of 11 during the year.

*Transfers from Class to Class.*—During the year 1,179 rate-aided patients (males 735, females 444) were transferred to the private class, 354 private patients (males 186, females 168) were transferred to the rate-aided class, and 27 criminal patients were retained and classed as rate-aided patients on the expiry of their sentences or on their discharge from the criminal class by warrant of the Secretary of State.



TABLE I.—STATUS (VOLUNTARY, TEMPORARY, CERTIFIED)

At the end of 1946 the following patients of each status were under care :—

Status						Males	Females	Total
Voluntary	...	...	...	...	...	7,373	9,835	17,208 (11·8%)
Temporary	...	...	...	...	...	101	356	457 (0·3%)
Certified	...	...	...	...	...	55,274	73,505	128,779 (87·9%)

TABLE II.—REGRADINGS TO ANOTHER STATUS

During the year there were 1,970 changes in status within the institutions, as follows :—

From					To Voluntary	To Temporary	To Certified
Voluntary	...	...	...	...	—	17	351
Temporary	...	...	...	...	539	—	169
Certified	...	...	...	...	823	71	—

TABLE III

Summary of Persons Suffering from Mental Disorder, 1st January, 1947

Arranged according to Class

WHERE MAINTAINED On 1st January, 1947	PRIVATE		RATE-AIDED			CRIMINAL			TOTAL	
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Total
In Institutions provided by Local Authorities :—										
County and Borough Mental Hospitals ... ..	5,325	2,864	8,189	49,820	70,501	120,321	53	16	69	55,198
Other Premises ... ..	2	3	5	62	80	142	—	—	—	64
In Registered Hospitals ... ..	895	1,552	2,447	—	—	—	—	—	—	895
In Licensed Houses :—										
Metropolitan ... ..	235	566	801	—	2	2	—	—	—	235
Provincial ... ..	587	1,110	1,697	18	11	29	—	—	—	605
In Hospitals and Nursing Homes approved under the Mental Treatment Act :—										
Hospitals ... ..	—	—	—	—	—	—	—	—	—	—
Nursing Homes ... ..	7	45	52	—	—	—	—	—	—	7
In Naval and Military Hospitals ... ..	227	—	227	—	—	—	—	—	—	227
In Criminal Lunatic Asylum (Broadmoor) ... ..	—	—	—	1	—	1	635	190	825	636
In Public Assistance Institutions and Public Health General Hospitals ... ..	—	—	—	4,116	5,391	9,507	—	—	—	4,116
In Private Single-Care ... ..	25	88	113	—	—	—	—	—	—	25
In Outdoor Relief ... ..	—	—	—	740	1,277	2,017	—	—	—	740
Total ... ..	7,303	6,228	13,531	54,757	77,262	132,019	688	206	894	62,748
	Males	Females	Total				Males	Females	Total	Total
Increase during 1946 { Private ... ..	26	63*	37*	Average Annual Decrease in the five years 1942-1946 inclusive { Private ... .. Rate-aided ... .. Criminal ... ..						33†
Rate-aided ... ..	206	237	443							603
Criminal ... ..	4	7	11							6†
Total ... ..	236	181	417	Total ... ..						564

\* Decrease.

† Increase.



TABLE IV  
Summary of Persons Suffering from Mental Disorder, 1st January, 1947  
Classified According to Status

WHERE MAINTAINED On 1st January, 1947	VOLUNTARY			TEMPORARY			CERTIFIED			TOTAL		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
In Institutions provided by Local Authorities :—												
County and Borough Mental Hospitals ... ..	6,709	8,381	15,090	95	333	428	48,394	64,667	113,061	55,198	73,381	128,579
Other Premises ... ..	64	83	147	—	—	—	—	—	—	64	83	147
In Registered Hospitals ... ..	362	700	1,062	4	12	16	529	840	1,369	895	1,552	2,447
In Licensed Houses :—												
Metropolitan ... ..	79	226	305	1	5	6	155	337	492	235	568	803
Provincial ... ..	150	395	545	1	6	7	454	720	1,174	605	1,121	1,726
In Hospitals and Nursing Homes approved under the Mental Treatment Act :—												
Hospitals ... ..	—	—	—	—	—	—	—	—	—	—	—	—
Nursing Homes ... ..	7	45	52	—	—	—	—	—	—	7	45	52
In Naval and Military Hospitals ... ..	—	—	—	—	—	—	227	—	227	227	—	227
In Criminal Lunatic Asylum (Broadmoor) ... ..	—	—	—	—	—	—	636	190	826	636	190	826
In Public Assistance Institutions and Public Health General Hospitals ... ..	—	—	—	—	—	—	4,116	5,391	9,507	4,116	5,391	9,507
In Private Single-Care ... ..	2	5	7	—	—	—	23	83	106	25	88	113
These persons are not classifiable under the above headings but for convenience are included among the certified.												
In Outdoor Relief ... ..	—	—	—	—	—	—	740	1,277	2,017	740	1,277	2,017
Total ... ..	7,373	9,835	17,208	101	356	457	55,274	73,505	128,779	62,748	83,696	146,444
Of Total { Private ... .. Rate-aided ... .. Criminal ... ..	1,108 6,265 —	2,101 7,734 —	3,209 13,999 —	22 79 —	39 317 —	61 396 —	6,173 48,413 688	4,088 69,211 206	10,261 117,624 894	7,303 54,757 688	6,228 77,262 206	13,531 132,019 894

### *Distribution*

The distribution of all patients at the end of the year 1946 may be seen by reference to Tables III and IV, but it may be pointed out that 88 per cent. of them were resident in county and borough mental hospitals.

### *Movement of Patients*

*Admissions, Discharges, Transfers to other Care and Deaths in 1946.*—Owing to the absence of detailed information of the movement of persons suffering from mental disorder in public assistance institutions and public health general hospitals and of those in receipt of outdoor relief, particulars of the persons in these forms of care are not included; and it is for this reason that the total number under care (page 6) differs from the number remaining at the end of the year as given below.

The following statement includes patients of each status (voluntary, temporary, certified) :

Resident on 1st January, 1946	...	...	...	...	133,807
Direct admissions	...	...	...	...	41,003
Indirect admissions (excluding regradings)	...	...	...	...	2,997
					<hr/>
					177,807
					<hr/>
Discharged and Departed :—					
Recovered	...	...	...	...	13,357
Relieved	...	...	...	...	12,427
Not improved	...	...	...	...	4,041
By operation of Law*	...	...	...	...	282
“ Not now insane ”	...	...	...	...	11
Transferred (under Order) to other care	...	...	...	...	2,667
Died	...	...	...	...	10,102
Remained at end of year	...	...	...	...	134,920
					<hr/>
					177,807
					<hr/>

The daily average number resident was 133,815 (males 57,463, females 76,352), the proportion of those resident in institutions provided by local authorities being 95·3 per cent.

Direct admissions during 1946 numbered 41,003 (males 16,785, females 24,218) of whom 88·7 per cent. were admitted to institutions provided by local authorities. The number and percentage of these admissions in each status were—voluntary 22,205 (54·2); temporary 1,560 (3·8); certified 17,238 (42·0).

Among these admissions there were probably a number for whom certification might have been avoided if fuller use had been made of Section 5 of the Mental Treatment Act, 1930. The proportion received in the voluntary status, which ten years ago was 31·9 per cent., continues to show a gratifying tendency to increase.

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\* By reason of irregular admission documents, the lapsing of reception orders (Sec. 38, Lunacy Act, 1890 and Sec. 7, Lunacy Act, 1891) or discharge after absconding (Sec. 85, Lunacy Act, 1890).



*First admissions* numbered 29,289 (males 12,173, females 17,116) or 71·4 per cent. of all direct admissions; the average annual percentage for the ten years before the operation of the Mental Treatment Act, 1930, was 80·4.

*Discharges and Departures* (i.e. certified and temporary patients discharged and voluntary patients who departed from statutory care as recovered, relieved or not improved) numbered 29,825 (males 11,905, females 17,920).

Calculated on the direct admissions the percentage of patients discharged or departed as recovered or relieved was 62·9 (males 58·5, females 65·9) while for recoveries alone the percentage was 32·6 (males 28·8, females 35·2). For the total absolute discharges and departures (including those not improved, those discharged on admission as "not now insane" and the 172 patients discharged after absconding) the percentage was 73·2 compared with an average for the preceding quinquennium of 68·9; the average annual percentage for the five years before the operation of the Mental Treatment Act, 1930, was 48·3.

*Deaths* numbered 10,102 (males 4,384, females 5,718), an increase of 731 compared with the previous year. The death rate per cent. of the daily average number resident was 7·55 being 0·50 above the rate for 1945; the rate for males was 7·63 and for females 7·49. The average rate for the pre-war quinquennium (1934-38) was 6·81 per cent. (males 7·04, females 6·62).

*Transfers to other care, etc.*—During the year 2,997 patients were transferred to another institution or to or from single-care or were, in a small number of instances, indirect admissions following discharge by operation of law. All such cases, as well as the regradings detailed in Table II, are technically termed *indirect admissions* and call for no further comment.

*Numbers remaining under care.*—At the close of the year 1946 the number of patients remaining under care (excluding those in public assistance institutions and public health general hospitals and those in receipt of out-door relief) was 134,920 (males 57,892, females 77,028) an increase during the year of 1,113 (males 467, females 646).

## COUNTY AND BOROUGH MENTAL HOSPITALS

(One hundred and one in number)

### 1. Accommodation

Including beds provided at three mental deficiency institutions by transfers under Article 32A (1) of the Defence (General) Regulations, 1939, for 339 patients (males 54, females 285), accommodation in recognised bed space was provided on 1st January, 1947, for 127,087 patients (males 56,061, females 71,026). This accommodation is based on revised standards of measurement recommended by the Departmental Committee on the Cost of Hospitals which reported in 1938 and no comparison can therefore be made with last year's figures.

Out of this accommodation, however, there remained diverted for purposes arising from the war recognised bed space for 10,417 patients (4,478 males, 5,939 females) while in addition 3,080 beds could not be used owing to shortage of staff and bed space for 1,673 patients was awaiting restoration, modernization or re-equipment. In consequence the amount of accommodation available for mental hospital patients was reduced to 111,917 (males 50,234, females 61,683) and there were on the books of the mental hospitals 4,944 males and 11,718 females in excess of this provision.

## 2. Numbers under Care

At the end of the year 1946 there were on the books of county and borough mental hospitals 128,579 patients, as follows :—

TABLE V.

Status	Males	Females	Total
Voluntary ... ..	6,709	8,381	15,090 { Private 1,235 Rate-aided 13,855
Temporary ... ..	95	333	428 { Private 32 Rate-aided 396
Certified ... ..	48,394	64,667	113,061 { Private 6,922 Rate-aided 106,070 Criminal 69
Total ... ..	55,198	73,381	128,579

There was an increase during the year of 1,193 patients compared with an increase during 1945 of 101. Certified patients decreased by 394 while voluntary increased by 1,540 and temporary by 47.

The numbers in each class were: private 8,189; rate-aided 120,321; criminal 69.

## 3. Movement of Patients

*Direct admissions.*—During 1946 there were 35,585 direct admissions to county and borough mental hospitals as shown below.

TABLE VI.—DIRECT ADMISSIONS

Status	Males	Females	Total
Voluntary—			
Private ... ..	561	1,207	1,768
Rate-aided ... ..	7,002	9,289	16,291
Temporary—			
Private ... ..	34	75	109
Rate-aided ... ..	425	929	1,354
Certified—			
Private ... ..	205	229	434
Rate-aided ... ..	6,248	9,320	15,568
Criminal ... ..	47	14	61
Total ... ..	14,522	21,063	35,585

Compared with the admissions in 1945 there were increases of 4,149 in voluntary admissions, 186 in temporary and 1,694 in certified, making a total increase of 6,009.

*Discharges and Departures.*—The following table shows the status and mental condition at the time of discharge or departure of the absolute discharges and departures during 1946. Patients discharged on admission as “not now insane” and those discharged after absconding (Section 85) are not included in the table.



TABLE VII.—DISCHARGES AND DEPARTURES

At time of discharge or departure		Males	Females	Total
Status	Mental condition			
Voluntary	Recovered ...	2,174	3,980	6,154
	Relieved ...	3,147	4,456	7,603
	Not improved ...	1,228	1,198	2,426
Temporary	Recovered ...	75	194	269
	Relieved ...	48	147	195
	Not improved ...	8	18	26
Certified	Recovered ...	1,768	3,029	4,797
	Relieved ...	1,211	1,871	3,082
	Not improved ...	244	351	595
Total ...		9,903	15,244	25,147

Calculated on the direct admissions the percentage of patients who departed or were discharged as recovered or relieved was 62.1 (males 58.0, females 64.1), while for recoveries alone the percentage was 31.5 (males 27.7, females 34.2); the percentage of the total absolute discharges and departures (including the 11 discharged on admission as "not now insane" and the 168 discharged after absconding) was 71.2.

*Deaths* during the year numbered 9,373 (males 4,116, females 5,257) an increase of 721 on the number in 1945.

The death rate per cent. of the daily average number resident was 7.35 (males 7.52, females 7.23); this was 0.51 above the rate for the previous year and 0.01 below the mean percentage for the preceding ten years.

Post mortem examinations numbered 4,867 or 52 per cent. of the deaths.

*Service Patients.*—The number of Service patients resident in county and borough mental hospitals at the close of the year was 3,827, of whom 34 were women, and showed an increase of 294 during the year. On the same date there were also 245 ex-Service patients (6 fewer than a year ago) the cost of whose maintenance is defrayed by the Board from a special Exchequer grant (see 11th Report, page 31).

#### 4. Causes of Death during 1945

The time that elapses between the receipt of the mortality statistics for any given year and the preparation of our Report for that year is too short to permit of the compilation of a detailed summary and its adequate study. The following table, therefore, refers to the deaths that occurred in County and Borough Mental Hospitals during 1945, the equivalent details relating to the year covered by this Report (1946) being not yet available. Some mention, however, will be made in the section that follows this of the mortality for 1946 in regard to certain diseases, particular reference to which necessitates the production of the latest possible information. This procedure is in accord with that adopted during recent years.

TABLE VIII.—CAUSES OF DEATH IN THE CASES OF ALL PATIENTS IN COUNTY AND BOROUGH MENTAL HOSPITALS WHO DIED DURING THE YEAR 1945

The daily average number of patients resident during the year 1945 was 126,539 (males 54,302, females 72,237).

Cause of Death (The numerals refer to the revised (1938) International List of Causes of Death as adapted by the Registrar-General for use in England and Wales)						Number of Deaths		
						Male	Female	Total
1 & 2	Typhoid and paratyphoid fevers ...	...	...	...	...	—	13	13
10	Diphtheria ...	...	...	...	...	—	2	2
11	Erysipelas ...	...	...	...	...	2	1	3
13	Tuberculosis of the respiratory system ...	...	...	...	...	381	213	594
14-22	Other forms of tuberculosis ...	...	...	...	...	27	11	38
27	Dysentery ...	...	...	...	...	16	13	29
30(b)	General paralysis of the insane ...	...	...	...	...	232	100	332
33	Influenza ...	...	...	...	...	3	18	21
37	Acute infectious encephalitis (lethargic or epidemic) ...	...	...	...	...	10	9	19
45-55	Cancer and other malignant tumours ...	...	...	...	...	209	290	499
69	Pellagra ...	...	...	...	...	—	1	1
83	Intra-cranial lesions of vascular origin ...	...	...	...	...	235	338	573
84	Mental disorders and deficiency ...	...	...	...	...	68	87	155
85	Epilepsy ...	...	...	...	...	88	70	158
87	Other diseases of the nervous system ...	...	...	...	...	37	48	85
90	Pericarditis ...	...	...	...	...	10	8	18
91	Acute endocarditis ...	...	...	...	...	10	7	17
92	Chronic affections of the valves and endocardium ...	...	...	...	...	149	218	367
93	Diseases of the myocardium ...	...	...	...	...	746	1,014	1,760
94	Diseases of the coronary arteries, angina pectoris ...	...	...	...	...	83	76	159
95	Other diseases of the heart ...	...	...	...	...	57	109	166
97	Arterio-sclerosis ...	...	...	...	...	299	363	662
106	Bronchitis ...	...	...	...	...	60	44	104
107-109	Pneumonia (all forms) ...	...	...	...	...	423	638	1,061
119 & 120	Enteritis and diarrhoea ...	...	...	...	...	4	4	8
130 & 131	Nephritis ...	...	...	...	...	89	121	210
162	Senility, old age ...	...	...	...	...	267	451	718
	Deaths from violence (including suicide)	...	...	...	...	65	57	122
	All other causes ...	...	...	...	...	359	399	758
Total ...						3,929	4,723	8,652

### 5. Infectious and other diseases during 1946

The following table shows the incidence of certain infectious diseases among the patients and staff of county and borough mental hospitals during the year.

TABLE IX.

						Patients			Staff		
						M.	F.	T.	M.	F.	T.
Scarlet fever ...	...	...	...	...	...	3	2	5	—	1	1
Diphtheria ...	...	...	...	...	...	5	35	40	1	17	18
Measles ...	...	...	...	...	...	2	1	3	—	1	1
Chicken pox ...	...	...	...	...	...	3	1	4	—	—	—
Mumps ...	...	...	...	...	...	—	—	—	—	1	1
Puerperal pyrexia ...	...	...	...	...	...	—	1	1	—	—	—

The deaths from these infectious diseases were: diphtheria, one female patient; puerperal pyrexia, one patient.



### Tuberculosis

There were 1,311 cases of pulmonary tuberculosis under treatment at the end of the year and 133 cases of other forms of tuberculosis; these numbers taken together are equivalent to a prevalence in the mental hospitals of 11.3 cases of tuberculosis per 1,000 patients. During the year 15 fresh cases (2 men and 13 women) were notified as having occurred among the nursing staffs of these hospitals.

*Incidence*—The number and ratio of fresh cases arising among the patients during the year are shown in the following table. For purposes of comparison the corresponding particulars for the past decade have been set out.

TABLE X

Year	Daily Average number of patients resident	Tuberculosis							
		Incidence Fresh cases (all forms)		Deaths					
				Phthisis		Other forms		All forms	
		No.	Ratio per 1,000 resident	No.	Ratio per 1,000 resident	No.	Ratio per 1,000 resident	No.	Ratio per 1,000 resident
1937	130,178	862	6.6	539	4.1	51	0.4	590	4.5
1938	132,477	761	5.7	460	3.5	40	0.3	500	3.8
1939	133,224	743	5.6	489	3.7	52	0.4	541	4.1
1940	132,134	851	6.4	695	5.3	56	0.4	751	5.7
1941	130,290	1,474	11.3	1,086	8.3	52	0.4	1,138	8.7
1942	127,786	1,375	10.8	1,077	8.4	74	0.6	1,151	9.0
1943	127,610	1,269	9.9	791	6.2	62	0.5	853	6.7
1944	127,190	1,143	9.0	728	5.7	45	0.4	773	6.1
1945	126,539	914	7.2	594	4.7	38	0.3	632	5.0
1946	127,442	823	6.5	558	4.4	38	0.3	596	4.7

### Enteric Group

There were 31 cases (2 males, 29 females) of typhoid and paratyphoid fevers during the year, reported from 14 hospitals. In addition 3 nurses were affected—I man and 2 women.

TABLE XI

Year	Enteric Fever											
	Patients						Staff					
	Incidence			Deaths			Incidence			Deaths		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1937 ...	6	53	59	4	21	25	—	8	8	—	1	1
1938 ...	5	33	38	1	6	7	1	6	7	—	1	1
1939 ...	13	44	57	3	6	9	—	3	3	—	—	—
1940 ...	17	70	87	2	13	15	2	9	11	—	1	1
1941 ...	33	56	89	5	9	14	—	3	3	—	—	—
1942 ...	20	49	69	5	11	16	2	19	21	—	1	1
1943 ...	5	84	89	1	17	18	—	3	3	—	—	—
1944 ...	10	33	43	2	8	10	—	2	2	—	—	—
1945 ...	4	57	61	—	13	13	1	2	3	—	—	—
1946 ...	2	29	31	—	6	6	1	2	3	—	—	—

During the past ten years, in a total of 623 patients affected, 82 per cent have been women and 18 per cent. men.

*Dysentery*

The numbers for the past decade are shown in the following table.

TABLE XII

	Dysentery			Severe Diarrhoea
	Fresh cases	Incidence rate per 1,000	Death rate per 1,000	Fresh cases
1937 ... ..	469	3·6	0·3	192
1938 ... ..	565	4·3	0·2	365
1939 ... ..	763	5·7	0·3	198
1940 ... ..	1,120	8·5	0·8	365
1941 ... ..	3,115	23·9	1·3	1,084
1942 ... ..	2,151	16·8	0·8	784
1943 ... ..	1,208	9·5	0·2	238
1944 ... ..	1,888	14·8	0·2	428
1945 ... ..	2,342	18·5	0·2	3,114
1946 ... ..	1,141	9·0	0·1	1,171

The number of cases of dysentery, reported from 64 hospitals, was 1,141, a decrease of 1,201 on the number notified during 1945. There were 10 deaths and the death rate was 0·1 per 1,000 patients resident. The case mortality was 0·9 per cent. compared with an average for the preceding ten years of 4·2. Eleven nurses (1 man, 10 women) were affected.

Of the ninety-nine hospitals to which the statistics relate thirty-five hospitals reported no dysentery during the year and thirty hospitals fewer than ten cases.

*Erysipelas*

There were 113 cases (37 males, 76 females) of erysipelas during the year, reported from 37 hospitals. The largest number of cases occurred at Lancaster (37). There was one death.

*Influenza*

The notification of this infection numbered 1,506 including 20 cases of influenzal pneumonia. There were 54 deaths, a case mortality of 3·6 per cent.

*Pneumonia, etc.*

Non-tuberculous inflammatory diseases of the lungs and bronchi resulted in the deaths of 590 males and 797 females, a total of 1,387 patients, of whom 972 were over 55 years of age.

The group constitutes 14·8 per cent. of the deaths from all causes.

*Pellagra*

Two cases of pellagra were reported during the year and there was one death.

## 6. Changes among Superintendents

*Essex (Brentwood)*

Dr. William Gordon Masefield, who had been Medical Superintendent of Brentwood Mental Hospital since 1925, retired in May, 1946. He has been succeeded by Dr. Geoffrey Slingsby Nightingale (M.R.C.S., L.R.C.P., D.P.M.), a Medical Officer at the Hospital.



*Middlesex (Napsbury)*

Dr. Stephen Alexander MacKeith (O.B.E., M.R.C.S., L.R.C.P., D.P.M.), Deputy Superintendent of West Sussex Mental Hospital, was appointed in May, 1946, to succeed Dr. Arthur O'Neill, O.B.E., who retired in 1942.

*Middlesex (Shenley)*

Dr. Otho William Strangman Fitzgerald (M.D., D.P.M.), who has been acting as Superintendent of the hospital since the death of Dr. G. W. Shore in 1940, was appointed to the post on 1st April, 1946.

*Norfolk*

Dr. Oliver George Connell, M.C., who retired on 31st March, 1944, and was appointed as Superintendent in a temporary capacity for the duration of the war, relinquished the post on 31st March, 1946. Dr. William John McCulley (M.B., D.P.M.), the Deputy Superintendent, has been appointed to succeed him.

*Staffs (Burntwood)*

Dr. William Reid, who had been Superintendent since 1924, retired in March, 1946. He has been succeeded by Dr. John Leonard Clegg (M.D., D.P.H., D.P.M.), the Deputy Superintendent.

*Yorks, West Riding (Wakefield).*

Dr. Mathew Joseph McGrath, who had been Superintendent since 1937, retired in September, 1946.

*City of London*

Dr. Reginald Worth, O.B.E., who had been temporary Medical Superintendent since the retirement of Dr. William Robinson in 1943, left on 1st July, 1946. Dr. Sydney Walpole Hardwick (M.D., D.P.M.), Deputy Superintendent of West Park Hospital, has been appointed Medical Superintendent.

*Middlesbrough*

Dr. Henry George Drake-Brockman, who had been Medical Superintendent of Middlesbrough Mental Hospital since 1927, retired in December, 1946. He was succeeded by Dr. Theodore Martin Cuthbert (M.R.C.S., L.R.C.P., D.P.M.), Deputy Superintendent of Sunderland Mental Hospital.

*Plymouth*

Dr. Francis Edward Pilkington (M.B., M.R.C.P., D.P.M.), Deputy Superintendent of Warwickshire Mental Hospital, was appointed in November, 1946 to succeed Dr. Ernest George Thornton Poynder, who retired in 1944.

**Registered Hospitals**

*(Thirteen in number)*

The number of patients resident in these hospitals at the end of 1946 will be found in tables III and IV ; they showed a decrease of 46 on the number resident at the end of 1945.

*Direct Admissions* during 1945 numbered 2,283 (males 862, females 1,421). Voluntary patients formed 83·8 per cent. of the total, while 2·7 per cent. were temporary and 13·5 per cent. certified.

*Departures and Discharges.* Calculated on the direct admissions the percentage of patients who departed or were discharged as recovered or relieved was 77·2 (males 75·5, and females 78·3) and for recoveries alone 47·4 (males 44·8, females 49·0), while for the total absolute departures and discharges the percentage was 88·9.

*Deaths* in these hospitals numbered 283 and the death rate per cent. of the daily average number of patients resident was 11·6 (males 12·0, females 11·3).

#### *Change of Superintendent*

*Holloway Sanatorium.* Dr. Thomas Edward Harper, who had held the office of Medical Superintendent since 1938 and had been a member of the medical staff for over fifty years, retired in June, 1946. He has been succeeded by Dr. David Neil Parfitt (M.D., M.R.C.P., D.P.M.) formerly Medical Superintendent of Warwickshire and Coventry Mental Hospital from which post he resigned in 1942 in order to join the Royal Air Force.

### **Naval and Military Hospitals**

*Royal Naval Hospital, Great Yarmouth.* The patients of this Hospital, who were evacuated to Lancaster during the war (see 27th Report, page 2), returned to Great Yarmouth in March, 1946. The Hospital was visited by a Commissioner on 19th June, 1946, when 180 patients were in residence.

The Commissioner reported that he found an atmosphere of comfort and content in the hospital and that the general health of the patients was good; the dietary can be regarded as very satisfactory.

There is a well stocked library and a patient acts as librarian.

Outside parole was given to 43 patients.

*Royal Military Hospital, Netley.* The Commissioner who visited "D" block of the Royal Victoria Hospital, Netley, on 24th July, 1946, found 90 patients under treatment. The accommodation in use consisted of two wings, one an open one and the other a closed one for psychotics and other observation or close supervision cases.

Great stress is laid on occupation therapy and attention is paid to both indoor and outdoor amusements and recreations.

Electric convulsion therapy and insulin treatment are employed in suitable cases.

### **State Criminal Asylum: Broadmoor**

This institution was visited by two Commissioners on 7th August, 1946. They reported that the patients appeared to be as happy and contented as their unusual circumstances permit and that the relationship between staff and patients was excellent. In spite of the difficulties of rationing they found that the dietary was satisfactory.

Employment of patients had been successfully carried out and, particularly on the male side, the work was of a very high technical standard.

The recreation hall had been improved by the provision of a band pit.

There were 835 patients in residence—650 men and 185 women.



## Licensed Houses

(Thirty-nine in number)

At the end of the year 1946 there were 16 Metropolitan Houses licensed by us and 23 Provincial Houses licensed by Justices for the reception of patients under the Lunacy and Mental Treatment Acts. Included in these numbers are three Metropolitan Houses the licences of which have been suspended under Article 32AA of the Defence (General) Regulations, 1939.

The number of patients in these houses will be found in tables III and IV ; they showed a decrease of 114 during the year.

*Direct Admissions* during the year numbered 1,583 (males 442, females 1,141) ; of this total 81.6 per cent. were voluntary patients, 1.9 per cent. temporary and 16.5 per cent. certified.

*Departures and Discharges.* Calculated on the direct admissions the percentage of patients who departed or were discharged as recovered or relieved was 64.4 (males 67.2, females 63.3) and for recoveries alone 33.1 (males 31.7, females 33.7), while for the total absolute departures and discharges the percentage was 76.8.

*Deaths* in these houses during 1946 numbered 382 and the death rate per cent. of the daily average number of patients resident was 14.8 (males 13.4, females 15.5).

*Featherstone Lodge.* Owing to the difficulty of obtaining staff and mental patients this house is now being used as an ordinary nursing home and the licence has lapsed.

*The Flower House.* This house, which has been used for the care and treatment of persons suffering from mental disorder for about 60 years has been closed owing to financial difficulties and the licence has lapsed.

*Court Hall.* The licensees of this house gave up the lease during the year and allowed the licence to lapse. Court Hall has been used for the care and treatment of persons suffering from mental disorder for over 70 years.

*The Grange, Rotherham.* Owing to the death of the medical licensee and the acute shortage of nurses this house, which has been used for the care and treatment of persons suffering from mental disorder for over 70 years, has been closed and the licence has lapsed.

*Kingsdown House.* This house has been closed owing to serious staffing difficulties. Kingsdown House was the oldest of the licensed houses and the premises are stated to have been used for the reception of persons suffering from mental disorder for upwards of 300 years.

*Moat House.* For various reasons the licensee of this house decided not to apply for the renewal of the licence which has accordingly lapsed. Moat House has been used for the care and treatment of persons suffering from mental disorder for over 100 years.

*Periteau House.* This house, the licence of which was suspended in 1941 under Article 32AA of the Defence (General) Regulations, 1939, has now been sold and the licence has lapsed. Periteau House has been used for the care and treatment of persons suffering from mental disorder for over 60 years.

### Single Care

The number of patients who were resident at the end of the year in private single-care under the provisions of the Lunacy and Mental Treatment Acts, exclusive of cases found of unsound mind by inquisition, will be found in Table IV. Compared with a year ago there was an increase of 2 in the number under care and we are able to report, as a result of our visits to these patients, that the arrangements for their care and treatment were generally satisfactory.

### Certified Patients in Public Assistance Institutions and Public Health General Hospitals\*

The number of patients certified under the Lunacy Acts and detained in public assistance institutions and public health general hospitals at the end of 1946 was 9,507 (males 4,116, females 5,391). It should be noted that these numbers relate only to persons certified under the Lunacy Acts and that they by no means represent the total number of mental cases in these institutions.

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\* The number of mental defectives in these institutions will be found in Table XIII.



## II. MENTAL DEFICIENCY

(*Mental Deficiency Acts, 1913 to 1938*)

### 1. Numbers under Care

Mentally defective patients in institutions and under statutory care in the community at the end of the year 1946 numbered 101,805 (males 52,719, females 49,086), the sex distribution being: males 51·8 per cent., females 48·2 per cent. The proportion of patients under 16 years of age of the total of 53,361 patients who were in institutions was 13 per cent. (males 16 per cent., females 11 per cent.). A table showing the distribution of the patients under care is given on the following page.

During 1946 there were increases of 754 in certified institutions, 19 in the State Institution, 1,468 among those under Statutory Supervision and 156 among those under Guardianship or Notified, while there were decreases of 110 in Public Assistance Institutions and Public Health General Hospitals approved under Section 37 of the Mental Deficiency Act, 1913, of 83 in Approved Homes and 7 in Certified Houses. These changes resulted in a net increase of 2,197 under care.

The distribution of defectives under statutory care on 1st January, 1939, 1946 and 1947 was as follows:—

	1939	1946	1947
In Institutions, Houses and Homes provided under the Mental Deficiency Act, 1913 ... ..	46,054	52,788	53,361
Under Guardianship or Notified ... ..	4,841	5,016	5,172
Under Statutory Supervision ... ..	39,009	41,804	43,272
	89,904	99,608	101,805

Nearly 78 per cent. of the patients receiving institutional care at the end of the year 1946 were in Certified Institutions (section 36); the distribution of patients in these institutions according to the conditions under which they were received was as follows:—

	Males	Females	Total
Received under the provisions of the Mental Deficiency Acts ... ..	20,355	19,649	40,004
Not certified under the Mental Deficiency Acts:			
Sent by Local Education Authorities ... ..	825	521	1,346
Sent by Poor Law Authorities ... ..	39	99	138
Sent by Relatives or others ... ..	29	31	60
	21,248	20,300	41,548

TABLE XIII

## Summary of Mentally Defective Patients on the books of Institutions and under Guardianship or Notified on 1st January, 1947

Where maintained	Received under the Mental Deficiency Acts, 1913 to 1938												Total of all Mental Defectives in Institutions, under Guardianship or Notified		
	Under Orders (Sections 6-9)			Not under Orders (Section 3)			Total			Not certified under the Mental Deficiency Acts					
	Section 6			Sections 8 & 9			M.	F.	T.				M.	F.	T.
	M.	F.	M.	M.	F.	T.									
		M.	F.	M.	M.	F.	T.	M.	F.	T.	M.	F.	T.		
In the State Institution	384	434	591	179	2	1,596	6	2	615	981	615	1,596	981	615	1,596
In Certified Institutions	16,150	18,046	3,510	1,175	428	40,004	695	428	19,649	20,355	19,649	40,004	21,248	20,300	41,548
In approved (Sec. 37)															
Institutions ...	4,092	4,824	450	201	24	9,614	23	24	5,049	4,565	5,049	9,614	4,565	5,049	9,614
In Certified Houses ...	—	4	—	—	74	159	81	74	78	81	78	159	81	78	159
In Approved Homes ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Under Guardianship or															
Notified ...	2,070	2,633	72	10	5	4,798	8	5	2,648	2,150	2,648	4,798	2,338	2,834	5,172
.	22,696	25,941	4,623	1,565	533	56,171	813	533	28,039	28,132	28,039	56,171	29,452	29,081	58,533†
						(a)									

(a) Of these cases approximately 5,571 were on licence from Certified Institutions.

\* Notified Cases (Sec. 51).

† In addition to the patients in Institutions and under Guardianship or Notified, there were on the same date 43,272 patients (23,267 males, 20,005 females) under Statutory Supervision (Sec. 30 (b)).



## 2. Ascertainment

The following table, compiled from annual returns received from local authorities, gives particulars of the number of defectives reported to them.

TABLE XIV

On 1st January	Number reported whether " subject to be dealt with " or not	Ratio per 1,000 of the population	Number ascertained to be " subject to be dealt with "	Ratio per 1,000 of the population
1939 ... ..	129,395*	3.15	95,418	2.33
1946 ... ..	132,247	3.19	99,767	2.41
1947 ... ..	133,967	3.23	102,073	2.46
Increase during 1946 ... ..	1,720	0.04	2,306	0.05

\* Including feeble-minded children between the ages of 14 and 16 years notified informally for after-care on leaving school.

The number of children reported by Local Education Authorities during 1946 was 4,209 as compared with 3,276 last year. These figures indicate that the provisions of the Education Act, 1944, making it possible for Local Education Authorities to report to Mental Deficiency Authorities children from any school, are already having a marked effect.

Of the cases reported during the year 456 were sent to institutions, 14 placed under Guardianship, 2,989 under Statutory Supervision and 67 taken to " places of safety ", while 62 died or were removed from the area of the Local Authority. No action had been taken in 621 cases (15 per cent.).

The following table shows the proportion, per 1,000 of the estimated (mid 1939) population of the area, of defectives reported to Local Authorities ; of defectives ascertained to be " subject to be dealt with " ; of defectives receiving institutional care ; and of defectives placed under some form of statutory care in the community (i.e. licence, guardianship, statutory supervision). It will be observed that the ratios in the third and fourth columns, showing the action taken, in only a comparatively small number of cases amount to the ratio relating to the number ascertained ; the reasons for this are that numbers varying in different areas have been ascertained but are still in receipt of poor relief and that, in some areas, comparatively large numbers have been ascertained but no action has been taken.

TABLE XV

	Reported	Ascertained to be " subject to be dealt with "	In Institutions	In Community Care
		<i>Per 1,000 of the Population</i>		
Walsall C.B. ... ..	8.57	4.33	2.47	1.86
Suffolk E. & W. ... ..	6.18	3.29	1.60	1.31
Swansea C.B. ... ..	5.97	2.94	0.81	1.94
Somerset C. ... ..	5.94	3.53	1.88	1.41
Darlington C.B. ... ..	5.65	2.62	0.78	1.55
Grimsby C.B. ... ..	5.61	4.90	1.89	2.99
Essex C. ... ..	5.58	2.48	0.60	1.44
Rutland C. ... ..	5.54	5.54	1.73	3.81
Dorset C. ... ..	5.42	3.17	1.39	1.77
Nottingham C.B. ... ..	5.34	3.08	1.23	1.78
Sunderland C.B. ... ..	5.33	4.19	1.05	3.14
Oxford C.B. ... ..	5.28	3.81	1.55	2.26

	Reported	Ascertained to be " subject to be dealt with "	In Institutions	In Community Care
		<i>Per 1,000 of the Population</i>		
Salop C. ...	5.18	2.63	0.85	1.43
Exeter C.B. ...	5.07	3.21	1.68	1.36
Oxford C. ...	5.02	1.98	0.07	0.96
Radnor C. ...	4.92	4.92	1.74	3.18
Birmingham C.B. ...	4.68	4.67	1.82	2.74
Wiltshire C. ...	4.65	3.96	1.76	1.92
Derby C.B. ...	4.59	3.03	0.67	0.34
West Bromwich C.B. ...	4.58	3.88	2.14	1.74
Leeds C.B. ...	4.57	4.22	1.51	2.67
Cardigan C. ...	4.57	0.56	0.29	0.06
Smethwick C.B. ...	4.52	4.28	0.78	3.44
Burton-on-Trent C.B. ...	4.52	1.87	0.83	0.98
Ipswich C.B. ...	4.51	3.86	1.60	2.21
Barnsley C.B. ...	4.39	2.67	0.86	1.81
Worcester C.B. ...	4.33	2.16	1.10	1.04
Portsmouth C.B. ...	4.31	2.22	0.78	1.44
Reading C.B. ...	4.26	2.79	0.99	1.79
Leicester C. ...	4.11	2.72	0.99	0.73
Nottingham C. ...	4.04	2.44	0.66	1.49
Cumberland, Westmor- land and Carlisle C.B. }	3.95	2.83	1.28	1.53
Middlesbrough C.B. ...	3.92	3.92	1.07	2.57
Parts of Holland C. ...	3.85	3.85	1.40	2.09
Plymouth C.B. ...	3.82	3.22	1.34	1.80
Southampton C. ...	3.81	2.68	1.33	1.35
Wolverhampton C.B. ...	3.80	3.07	1.07	1.98
Devon C. ...	3.78	2.56	1.69	0.70
Parts of Kesteven C. ...	3.75	2.84	1.30	0.86
Southampton C.B. ...	3.72	2.72	1.24	1.47
Norfolk C. ...	3.71	2.89	1.62	1.27
Northampton C. ...	3.65	3.34	0.80	0.74
Cardiff C.B. ...	3.63	3.07	1.09	1.94
Bradford C.B. ...	3.61	3.46	1.09	2.37
Isle of Wight C. ...	3.61	3.33	0.89	2.39
Buckingham C. ...	3.58	2.66	1.21	1.31
Berkshire C. ...	3.58	1.82	1.05	0.76
Doncaster C.B. ...	3.54	2.67	1.01	1.66
Cambridge C. ...	3.53	2.68	0.91	1.30
Bristol C.B. ...	3.52	3.47	1.22	2.22
Sheffield C.B. ...	3.50	3.10	0.95	2.12
Parts of Lindsey C. ...	3.45	2.76	1.21	1.42
Glamorgan C. ...	3.43	2.35	0.78	1.34
Northampton C.B. ...	3.40	2.36	0.83	1.53
Rotherham C.B. ...	3.39	2.20	1.01	0.72
City of York C.B. ...	3.39	2.59	1.22	1.32
Norwich C.B. ...	3.36	3.30	1.56	1.68
Leicester C.B. ...	3.21	2.89	1.50	1.39
Anglesey C. ...	3.20	3.20	0.41	1.63
Great Yarmouth C.B. ...	3.20	1.45	0.75	0.66
Lincoln C.B. ...	3.16	2.58	1.28	1.01
London C. ...	3.15	2.91	1.66	1.21
East Ham C.B. ...	3.13	2.70	1.15	1.42
Stafford C. ...	3.11	1.61	0.68	0.73
Monmouth C. ...	3.09	2.75	0.67	2.07
Gloucester C. and Gloucester C.B. }	3.06	1.97	0.89	1.07
Gateshead C.B. ...	2.94	2.94	1.31	1.53
West Ham C.B. ...	2.91	2.67	1.32	1.05
Wakefield C.B. ...	2.90	1.64	0.90	0.71
Newcastle-on-Tyne C.B. ...	2.89	2.88	1.42	1.42
Kingston-upon-Hull C.B. ...	2.89	2.77	1.02	1.75
Soke of Peterborough C. ...	2.86	2.83	1.06	1.76
Warwick C. ...	2.83	2.26	1.37	0.86



	Reported	Ascertained to be "subject to be dealt with"	In Institutions	In Community Care
<i>Per 1,000 of the Population</i>				
Dewsbury C.B. ...	2.80	2.14	1.23	0.89
East Sussex C. ...	2.79	2.51	0.60	1.86
Derby C. ...	2.79	1.83	0.70	1.13
Yorks, North Riding ...	2.76	1.72	0.97	0.75
Newport C.B. ...	2.74	1.46	0.55	0.91
Lancashire Mental Hos- pitals Board... }	2.72	1.92	0.88	0.92
Eastbourne C.B. ...	2.71	2.71	1.01	1.68
Coventry C.B. ...	2.70	2.69	0.97	1.72
Northumberland C. ...	2.68	2.49	0.89	1.56
Brighton C.B. ...	2.63	2.63	1.03	1.57
Tynemouth C.B. ...	2.63	2.61	1.15	1.46
Kent C. ...	2.63	1.83	0.85	0.70
Hastings C.B. ...	2.61	2.44	1.07	1.35
Isle of Ely C. ...	2.61	1.42	0.69	0.71
Wallasey C.B. ...	2.59	1.74	0.88	0.81
Canterbury C.B. ...	2.59	1.71	0.95	0.76
Hereford C. ...	2.59	2.59	0.72	1.87
Croydon C.B. ...	2.58	2.58	0.94	1.63
Durham C. ...	2.56	2.56	0.58	1.98
Halifax C.B. ...	2.53	1.99	1.25	0.74
Cornwall C. ...	2.48	2.47	0.90	1.57
Worcester C. ...	2.45	1.47	0.69	0.78
Middlesex C. ...	2.42	1.96	0.95	0.91
Pembroke C. ...	2.40	1.39	0.72	0.12
Bath C.B. ...	2.39	2.19	1.06	1.12
Merioneth C. ...	2.38	1.81	0.68	0.03
Merthyr Tydfil C.B. ...	2.36	0.24	0.24	—
Southend-on-Sea C.B. ...	2.33	1.88	0.66	1.02
Montgomery C. ...	2.28	2.28	1.03	1.25
Yorks, West Riding ...	2.27	2.02	0.72	1.28
Surrey C. ...	2.26	1.52	0.85	0.60
Brecknock C. ...	2.21	2.21	0.44	1.77
Chester C. ...	2.20	2.16	0.55	1.50
Carmarthen C. ...	2.20	1.09	0.32	0.76
Birkenhead C.B. ...	2.19	2.19	0.85	1.19
Dudley C.B. ...	2.16	1.90	0.85	1.03
Bedford C. ...	2.15	1.92	0.73	0.94
Stoke-on-Trent C.B. ...	2.13	1.95	0.84	1.11
Yorks, East Riding ...	2.13	1.81	0.87	0.94
South Shields C.B. ...	2.05	2.05	0.96	0.95
Chester C.B. ...	1.96	1.96	1.08	0.88
West Hartlepool C.B. ...	1.92	1.91	0.80	1.03
Hertford C. ...	1.86	1.79	1.13	0.55
Huddersfield C.B. ...	1.76	1.76	0.87	0.89
West Sussex C. ...	1.72	1.63	0.41	1.14
Bournemouth C.B. ...	1.71	1.58	0.70	0.83
Denbigh C. ...	1.64	1.64	0.73	0.84
Caernarvon C. ...	1.63	0.76	0.39	0.37
Flint C. ...	1.57	1.57	0.53	1.00
Huntingdon C. ...	1.19	1.19	0.40	0.70

### 3. Accommodation

The total number of beds provided on 1st January, 1947, for mental defectives in Institutions and Homes certified or approved by the Board was 49,230, a net increase of 168 since 1st January, 1946.

The impossibility of recruiting staff still prevents the full use of new accommodation at Brockhall, Stallington Hall, Leybourne Grange and Warwickshire Weston Colony.

In the cases of Sandhill Park (161 beds) and Tadcaster Public Assistance Institution (24 beds), as was explained in previous years, although the patients have been evacuated, the certificate or approval is still in existence and the numbers are included in the total given above.

A total of 2,926 beds have been released but a number of beds in the larger certified institutions is still allocated to the Emergency Hospital Services and the overcrowding is therefore much greater than appears on paper. The difficulty of finding vacancies for all classes of defectives, and more particularly for those who are troublesome or low grade, has become more acute than ever.

### I—Beds Provided

Table XVI shows the number of beds provided for mental defectives under Sections 35, 36, 37, 49 and 50 of the Mental Deficiency Act, 1913, on 1st January, 1939, 1946 and 1947. There has been a net increase during the year 1946 of 168 beds, compared with a net increase of 10 beds during 1945.

TABLE XVI

	On 1st January		
	1939	1946	1947
(i) Certified Institutions provided by Local Authorities (Section 36) ... ..	22,874	27,102	27,548
(ii) Certified Institutions provided by other bodies (Section 36) ... ..	10,240	9,556	9,569
(iii) Public Assistance Institutions and Public Health General Hospitals (Section 37) ... ..	10,120	10,132	9,923
(iv) State Institution (Section 35) ... ..	1,457	1,511	1,531
(v) Certified Houses (Section 49) ... ..	182	172	172
(vi) Approved Homes (Section 50) ... ..	844	589	487
	45,717	49,062	49,230

The chief changes during the year have been the certification under section 36 of the Mental Deficiency Act, 1913, of the Bradfield and Easthampstead Public Assistance Institutions (now known as Wayland House and Church Hill House) and the consequent transfer of three hundred and nine beds from the approved public assistance institution accommodation to the certified institution accommodation ; the endorsement of the certificate in respect of Meanwood Park Colony consequent on the release of beds from the Emergency Medical Service, the endorsement of the certificates for Tilworth Grange and Hatfeild Hall to include in each case premises to be used as a hostel for women and the issue of a certificate for the reception of twelve low grade children at The Old House, Wheatley. These, together with other minor increases and decreases in the number of beds provided under other sections of the Mental Deficiency Act, 1913, have resulted in a net increase of one hundred and sixty-eight beds.

### II—Hostels

The following Hostels under the management of non-statutory bodies receive patients, in the first instance, on licence from other Certified Institutions :

Royal Fort Home, Bristol (The Committee of Management) ...	(Women)
Royal Hostel, Elstead (Surrey Voluntary Association for Mental Welfare) ... ..	(Men)
The Old Rectory, Bath (Bath Voluntary Association for Mental Welfare) ... ..	(Women)



The Sheffield County Borough Council provides a hostel for women at 71-73, Scott Road, Sheffield.

Patients are now sent out to daily work from a number of Certified Institutions, but the following have separate Hostel branches :—

The Manor (London C.)	...	...	...	...	(Men and Women)
Royal Western Counties Institution	...	...	...	...	(Men and Women)
Meanwood Park Colony (Leeds C.B.)	...	...	...	...	(Women)
St. Lawrence's Hospital (London C.)	...	...	...	...	(Men)
Monyhull Colony (Birmingham C.B.)	...	...	...	...	(Women)
Harmston Hall Colony (Lincolnshire Joint Board)	...	...	...	...	(Women)
Sandhill Park (Somerset C.)	...	...	...	...	(Men and Women)
Aston Hall (Nottingham C.B.)	...	...	...	...	(Men)
Stoke Park Colony	...	...	...	...	(Women)
Pewsey Colony (Wiltshire C.)	...	...	...	...	(Men)
Leicester Frith (Leicester C.B.)	...	...	...	...	(Men)
Hatfield Hall (W. Riding C.C.)	...	...	...	...	(Women)
Tilworth Grange (Hull C.B.C.)	...	...	...	...	(Women)

### III—Emergency Homes

Five emergency Homes are now in existence for children evacuated from danger areas :—

*Under the Management of National Association for Mental Health*

St. Paul's House, Upper Maze Hill,

St. Leonard's-on-Sea.

Bod Donwen, Rhyl.

The Old Vicarage, Bognor Regis ... For children from Coldeast Colony and others.

Sherborne House, Basingstoke.

#### *Under Private Management*

Field Place, Nursery Home, New Milton, Hants. { For children from the area of the Middlesex County Council.

### IV—Hostels for Agricultural Workers

There are at present eight Agricultural Hostels conducted by the National Association for Mental Health :—

Hatherley Court,  
Down Hatherley,  
Gloucestershire.

Siddington Road,  
Cirencester,  
Gloucestershire.

Firleaze,  
Ridgeway,  
Gloucestershire.

Beacon Garth,  
Hessle,  
near Hull.

Stottesdon Hostel,  
Kidderminster,  
Worcestershire.

Denmead Hostel,  
Cosham,  
Portsmouth.

Avebury House,  
St. Peter's Street,  
Winchester, Hants.

Winterbourne Park,  
Winterbourne,  
near Bristol.

In addition the Wiltshire County Council have established a Hostel for agricultural workers at Potterne Wick, near Devizes, which is being conducted as ancillary premises to Pewsey Colony.

#### 4. Community Care and Community Training

##### (a) COMMUNITY CARE

Table XVII classifies the 53,641 defectives under statutory care in the community (i.e. on licence, under guardianship and under supervision) on 1st January, 1947, and shows the corresponding numbers for the previous year and for the 1st January, 1939. The net increase during 1946 was 1,873.

TABLE XVII

	On 1st January			Increase during 1946
	1939	1946	1947	
On licence from institutions ... ..	3,107	5,286	5,571	285
Under guardianship (section 30 (a)) ...	4,531	4,678	4,798	120
Under statutory supervision (section 30 (b))	39,009	41,804	43,272	1,468

Table XVIII shows corresponding particulars in regard to defectives under voluntary supervision (i.e. those not "subject to be dealt with" but for whose friendly visitation some arrangement has been made by the local authority).

TABLE XVIII

	On 1st January			Decrease during 1946
	1939	1946	1947	
Under voluntary supervision ... ..	26,006	23,862	23,783	79

##### (b) COMMUNITY TRAINING

The following table shows Occupation Centres and Clubs functioning on the dates specified. Separate classes in one building are counted as one centre and not as distinct units.

TABLE XIX

	1st January, 1939		1st January, 1946		1st January, 1947	
	Centres	Clubs	Centres	Clubs	Centres	Clubs
Local Authorities ...	68	1	40	1	46	1
Voluntary Associations...	110	12	47	—	52	2
	178	13	87	1	98	3

##### *Changes during 1946*

Six new centres have been opened by local authorities during the year. The centres conducted by the Kent Voluntary Association for Mental Welfare which have been closed since 1939 have been reopened, a new centre at Stretford conducted by the South-East Lancashire Voluntary Association has been opened and the Board have been notified of two clubs conducted by the Devon Voluntary Association for defectives on licence.



## 5. Discharges

TABLE XX  
MENTAL DEFECTIVES DISCHARGED FROM (a) INSTITUTIONS  
AND (b) GUARDIANSHIP IN THE YEAR 1946

	Reason of discharge				
	By Board of Control	Owing to nature of Special Report and Certificate or because not received (Section 11)	Orders lapsed whilst absent without leave	On attaining age of 21 (Section 11 (2) and (3))	Total
(a) Institutions ...	469	305	10	49	833
(b) Guardianship	37	41	—	3	81
	506	346	10	52	914

The number of defectives discharged in 1946 showed a decrease of 7 compared with 1945.

The total numbers discharged in former years were :—

1939 : 1,025. 1940 : 819. 1941 : 846. 1942 : 815. 1943 : 1,001.  
1944 : 940. 1945 : 921.

## 6. Deaths

The deaths which occurred during 1946 among the mentally defective patients in Institutions (excluding institutions approved under Section 37) and under guardianship numbered 646 (males 352, females 294), distributed as follows :—Certified Institutions, 599 ; State Institution, 11 ; Certified Houses, 4 ; Approved Homes, 10 ; under guardianship, 22.

The proportion of deaths to the average number of patients resident was 13·4 per thousand compared with an average for the preceding quinquennium of 15·4 per thousand.

The chief causes of death were : Pneumonia (all forms), 142 (22·0 per cent. of the total number of deaths) ; heart disease, 112 (17·3 per cent.) ; tuberculosis (all forms), 100 (15·5 per cent.) ; epilepsy, 77 (11·9 per cent.).

## 7. State Institution\* (Rampton and Moss Side)

### (1) Rampton

We have received the following report from Dr. Mackay, the Medical Superintendent of Rampton :—

<i>Numbers Resident</i>	<i>Men</i>	<i>Boys</i>	<i>Women</i>	<i>Girls</i>	<i>Total</i>
1st January, 1946 ...	712	11	427	13	1,163
31st December, 1946	707	17	435	17	1,176

\* An institution for defectives of dangerous or violent propensities established and maintained by the Board of Control under the provisions of Section 35 of the Mental Deficiency Act, 1913.

“ *Admissions.*—Admissions during the year numbered 143 (males 83, females 60) ; in addition 3 men and 14 women were transferred from Moss Side. The following table shows the sources of admissions :—

						Males	Females
Certified Institutions	...	...	...	...	...	49	41
Institutions approved under Sec. 37	...	...	...	...	...	7	8
Under new Orders :—							
(a) Prisons	...	...	...	...	...	16	4
(b) Borstal	...	...	...	...	...	1	—
(c) Home Office Approved School	...	...	...	...	...	—	1
(d) Other sources	...	...	...	...	...	6	2
Mental Hospitals	...	...	...	...	...	1	—
Places of Safety	...	...	...	...	...	2	3
Own Home	...	...	...	...	...	1	1
						—	—
						83	60
Transferred from Moss Side	...	...	...	...	...	3	14
						—	—
						86	74
						—	—

“ *Transfers.*—In the same period patients transferred to other Institutions numbered 115, of whom 68 were males and 47 females ; these figures comparing with 87 males and 48 females in the previous year.

Of the total transfers 25 men and 21 women were removed to Moss Side and from that Institution, as indicated above, 3 men and 14 women were admitted to Rampton in exchange.

“ *Discharges.*—Four men and 5 women were discharged from the Mental Deficiency Acts and Orders lapsed in the case of 6 men and 8 women who had been sent to Mental Hospitals under Section 16 of the Act. In the case of one male absconder certification under the Mental Deficiency Acts also lapsed.

“ *Deaths.*—During the year 5 men and 4 women died giving a death rate of 7.69 per 1000.

There were two inquests, one relating to a patient who had absconded and was drowned when swimming the Trent.

“ *Licence.*—On 1st January, 1946 seven men and 19 women were on licence. Thirteen men and 20 women were granted licence to other Institutions or into service in the course of the year.

The total number remaining on licence on 1st January, 1947, was 29, distributed as follows :—in service, 1 man and 4 women ; at home, 1 man and 1 woman ; in other institutions, 8 men and 14 women.

“ *Section 16.*—On 1st January, 1947 eight men and 14 women were detained in Mental Hospitals under the provisions of Section 16 of the Mental Deficiency Act, 1913, whilst during the course of the year, 7 men and 9 women were discharged from this Section by operation of law.

“ *Absconders.*—During the year 16 men and 6 women absconded as compared with 30 men and 12 women in the previous year.

Return to the Institution of 14 men and 6 women left 6 men and 2 women still absent without leave.



*General Review.*—The general health of the patients has been good. As in the previous year the incidence of venereal infection amongst female admissions was high, 19 out of the 60 direct or new admissions having to receive special treatment for this condition. Our special treatment centre dealt with 64 cases in all for discharge attributable to venereal or other infection and its value as a special treatment unit cannot be over-estimated.

“ Also 2 men and 18 women received treatment for syphilis.

“ Penicillin alone, or Penicillin combined with arsenicals was the mode of treatment which produced the best results, and of all these cases so treated, only a few of the recent cases did not fully respond to the combined measures.

“ In this piece of clinical work alone the laboratory investigations were considerable, and the need for careful examination of patients on admission, coupled with the vigilance of the nursing staff, is specially important as a routine measure.

“ Many of the female admissions are young, and moral delinquency is a frequent cause of their ultimate certification under the Act. In the main they appreciate the treatment they receive, and only a small proportion appear indifferent to the consequences of their behaviour.

“ On the other hand, the incidence of venereal infection amongst male admissions was very low.

“ Nine of the male admissions were affected on admission with pediculosis or scabies.

“ The Institution has been free from dysentery and infectious fevers ; a close watch is kept on patients who are recorded as old cases of dysentery or diarrhoea.

“ There have been 4 new cases of pulmonary tuberculosis, 2 of each sex, and at the end of the year, 4 men and 3 women were under treatment.

“ X-Ray examinations numbered 54. Operations of a major character numbered 9, and a waiting list will receive the attention of our Consulting Surgeon in due course. It may be mentioned here that the inadequacy of a large clinical room as an operating theatre is appreciated by the Board, and alternative accommodation is to be provided, as an addition to the respective male and female Hospitals. A consultant staff, if their services are to be fully employed, look for reasonably modern amenities in this respect, and it has been decided to provide also an X-Ray department, better laboratory arrangements and a modern sterilising plant.

“ Progress is being made on the clinical side by the adoption of leucotomy as a form of treatment in specially selected patients, and the results, even in a limited number of cases, should be of interest. With a population such as ours, showing so frequently the characteristics of the explosively temperamental psychopath, there would appear to be a field for research.

“ Undeniably there is a great number of patients whose degree of defect is unalterable and for whom organized occupations, training and discipline and an interesting Institution life are enough. But there are others, intelligent and young enough, who are responsive to more active treatment, psychological or otherwise, and who may ultimately benefit from special investigations as suggested above.

“ In reviewing the activities and life of the Institution during the year, account must be taken of the services of the Staff generally, and it is with pleasure that one records their diligence during times that have been fraught



with difficulties arising in part from that ever-present handicap—shortage of female nursing staff. It is with hopes for a great improvement in this respect that one can, however, report that during the year there has been a slow increase in the number of recruits to the service, so that we were able to reduce a deficiency of 34 female nurses at our worst period to 21 at the end of the year. One has noted a keener interest in the work and the retention of recruits in the service would seem to be encouraged by providing as soon as possible not only nursing lectures and demonstrations, but an introduction to items of clinical interest.

“ Occupations continue to be well-directed, but handicaps still exist, especially in the quality and variety of materials available. The application of time and skill to work on an inferior piece of material can be very discouraging to both patients and staff. We were able, however, to stage two handicrafts exhibitions during the year, and in conjunction with one of these, female patients gave an hour's entertainment of light variety which was greatly appreciated by visitors.

“ The desirability of providing a Hostel as an intermediate step towards residential employment is receiving the attention of the Board at the present moment. Certain of our higher grade patients resent transfer to another Institution, whereas an opportunity to earn a living in a Hostel with a prospect of ultimate discharge, is an incentive to better behaviour and an earlier response to training, discipline and other modes of treatment within the Institution.

“ A similar suggestion is being considered in relation to male patients, for whom agricultural work is likely to be the most suitable employment.

“ As an index of the activity of the utility departments, an extract from the lists of work done shows in the Sewing Room 10,548 new articles completed and 26,630 repair items, with 16,000 items paid out to replace articles of clothing condemned. These figures are but a part of the work completed in this department. Similarly in the stocking room 2,600 new articles were made apart from 28,000 repairs. It would be too lengthy a recital of figures to indicate the total work carried out in the male workshops, since many trades would have to be included. There is an urgent need for a new and much larger weaving room.

“ In addition to these utility products, the occupational therapy departments, both male and female have shown very considerable activity throughout the year.

The farm and gardens, employing a very large number of male patients, maintained a high standard of production.

“ During the year Sports have received their usual enthusiastic support and at the annual sports, an event again favoured with excellent weather, a record crowd of patients enjoyed the various events and a football cup and awards were presented for the previous year's competitions.

“ The enthusiasm exhibited by the females for theatrical entertainments never flags, and several shows presented by them under the direction of the games mistress were highly entertaining. Plays in which both sexes participated were also provided under the direction of the Chaplain.

“ Educational classes of the 3 R variety continue to produce good results and the development of this side of the work amongst the adolescent population is under consideration.

“ So far as materials and supplies have permitted, improvements have been effected in the matter of internal decoration. There has been considerable delay in modernising one of the two Nurses' Homes, where ablution arrangements are not up to present day requirements.



“ In conclusion I have to thank officials for their support during the year. In the Clerk and Steward's Department a very considerable amount of time has been devoted to application of Rushcliffe Scales of pay with their modifications and variations. This work, coupled with the usual statutory and routine duties, has demanded much time, concentration and patience.

“ In March of 1946, Dr. E. H. Hiley replaced Dr. D. S. Fairweather who was appointed Deputy Medical Superintendent at Stoke Park Colony, Bristol and Dr. W. T. Macdonald, M.C. took up duties at the end of May, so that the present staff consists of one established medical officer, the deputy, and three temporary medical officers.”

## (2) MOSS SIDE

We have received the following report from Dr. James, the Medical Superintendent of Moss Side :—

<i>Numbers Resident</i>		<i>Males</i>	<i>Females</i>	<i>Total</i>
1st January, 1946	...	233	142	375
31st December, 1946	...	236	139	375

“ *Admissions.*—The number of admissions during the year was 27 males and 22 females; 41 were feeble-minded, 6 were imbeciles, 2 were moral defectives and there were no idiots. Two males and one female were received from certified institutions and the remainder came from Rampton.

“ *Transfers.*—Eleven males and 8 females were transferred to certified institutions or to institutions approved under Section 37; three males and 14 females were transferred to Rampton.

“ *Licence.*—Four males and 5 females were on licence at the beginning of the year—3 of each sex being in institutions, one male in hospital and 2 females in employment.

During the year 8 males and 5 females proceeded on licence to institutions and one male went to an agricultural hostel; 6 of each sex were transferred from licence to institutions and one male died while on licence in hospital.

At the end of the year 5 males and 2 females were on licence; of these, 4 males and one female were in institutions, one male was at an agricultural hostel and one female was in employment.

“ *Discharges.*—There were no discharges.

“ *Deaths.*—Two males died during the year, one of them while on licence in hospital, the death rate being 5.33 per 1,000. In one case death was due to sub-sternal goitre and in the other to carcinoma of the bowel.

“ *Section 16.*—Orders under the Mental Deficiency Acts were allowed to lapse in the cases of one male and one female who had previously been transferred to mental hospitals under Section 16 of the Mental Deficiency Acts, 1913. No patients were on our books under this Section at the end of the year.

“ *Absconders.*—Four males and 5 females absconded during the year, three males and 4 females were returned and one female upon recapture was transferred to Rampton. One female was absent at the beginning of the year and one male and one female were absent at the end of the year.

“ *General Health.*—An epidemic of gastro-enteritis affected 20 per cent. of the patients in the Spring and recurred to a much smaller extent in the Autumn. This is the first occasion on which an infectious disease of this type



has reached such proportions. A few cases of influenza occurred early in the year but there was no epidemic. The health of the staff and patients has otherwise been very satisfactory. The visiting Dental Surgeon continued to do most valuable work and the visiting Chiropodist's hours of attendance were increased.

*"New buildings.*—Lack of female staff again deferred the opening of a new special block otherwise fully equipped to receive 40 patients. New workshops and new kitchens and dining rooms in the Nurses' Home remained unused for the same reason. The strength of the female staff in the older buildings was barely maintained and there were no prospects of any improvement in the position.

No further work was done on the unfinished male special blocks and workshops but the completed wards and workshops continued in full operation. The many structural innovations in these wards have proved very satisfactory in practice especially as regards easier supervision and the inculcation of improved habits of personal hygiene. The ablution fountain has shown itself to be superior to the more usual equipment of lavatory hand basins on the grounds of facility, efficiency and economy and it is preferred both by the patients and by those responsible for their care. The design of the new workshops has likewise been fully justified in practice and the benefits of improved lighting, both natural and artificial, up-to-date equipment, easier supervision and adequate sanitary arrangements were reflected in a higher level of therapeutic achievement.

*"Occupations.*—In each of the indoor departments the standard of work was well maintained. Lack of raw materials remained the greatest problem, especially in the case of timber, cane, coir, embroidery linen and fancy dress material. The tailors' shops improved the style, cut and variety of their products thus furthering the principal of avoiding uniformity in clothing as far as possible. The female book-binding department, having completed its work for the Red Cross Libraries, turned its attention to our own library which was much in need thereof.

The farm and gardens remained the largest single occupational department and while the proportion of patients employed on the land was reasonably high greater numbers are much needed to keep pace with development. Our attempts to increase mechanisation were handicapped by shortage of new machinery and of spare parts for old machines. Slow but steady progress was made with new gardens and hedges without neglecting maintenance or displacing food production from its position of primary importance.

Good supplies of materials for needlework were maintained by the patients' canteen thus enabling the females to be fully occupied in their spare time in the way that they prefer. This department, had in general, a successful year and provided many additional amenities for all patients.

*"Recreation.*—A cricket and football pitch was prepared in the new grounds for the use of the male patients in the new wards, providing them with the same facilities as the patients in the older wards. These enclosed pitches were in use, weather permitting, for one hour each day during the winter and for two hours in the summer and the organised games were much appreciated, especially by the indoor workers. These games were in addition to the competitive games, on Saturday afternoons which aroused customary enthusiasm.

All indoor entertainments and games were maintained at the previous high level and snooker sets were added to the amenities in most of the male wards. The extensive Christmas programme was enhanced by the performance of two



variety concerts by the patients, and their success was a measure of the work entailed in many months of rehearsals and in the construction of all the scenery, property and costumes.

The Scouts and Guides enjoyed a full year of activity and had their customary outings. A unique event was constituted by the visit of the Chief Scout in May to inspect the Troop and to confer the Medal of Merit on the Scoutmaster. The occasion made a deep impression on all who were present and will not easily be forgotten.

*“Staff.”*—One member of the staff returned from Active Service with H.M. Forces. Two nurses obtained the certificate of the Royal Medico-Psychological Association and four nurses passed the preliminary examination.

The activities of the Staff Recreation Club underwent a further diminution. The entertainments and football sections were the only ones to continue in full operation. The dramatic section was revived, with difficulty, towards the end of the year but no interest could be aroused in the others. It was hoped that there might have been a swing back of interest and participation in the social life of the staff community but throughout the year the general tendency was in the opposite direction.

Despite the relatively large proportion of temporary staff who could not be expected to feel the same enthusiasm and regard for duty as the older staff the work of the institution has not suffered and the results have not fallen below previous standards. The heads of departments have continued to set fine examples of loyalty and devotion in the face of difficulties and deserve special praise.

### **Changes among Medical Superintendents**

#### *Royal Western Counties Institution.*

Captain Charles William Mayer, M.B.E., who has been Superintendent of the Institution since 1923, retired during the year. Dr. David Prentice (M.B., D.P.M.) the medical officer of the Institution was appointed Medical Superintendent to succeed him.

#### *School Aycliffe Colony.*

Dr. William Dunn (M.D.) an Assistant Medical Officer of Durham Mental Hospital, was appointed Medical Superintendent of the Colony in December, 1946.

#### *Royal Eastern Counties Institution.*

Dr. Ralph Marshall Bates (F.R.C.S., L.R.C.P., D.P.M.), Medical Superintendent of Stoke Park Colony, was appointed in March, 1946, to succeed Dr. Eric Randal Hull who died in September, 1945.

#### *Stoke Park Colony.*

Dr. Ronald Melville Norman (M.D.) Deputy Medical Superintendent of the Colony, was appointed Medical Superintendent on 1st October, 1946, to succeed Dr. R. M. Bates who resigned on his appointment as Medical Superintendent of the Royal Eastern Counties Institution.

#### *Leavesden Hospital.*

Dr. Roy Mackenzie Stewart, who had been Medical Superintendent of this Institution for thirty-five years retired in August, 1946. He has been succeeded by Dr. John Henry Watkin (M.D., D.P.M.), Deputy Superintendent of Darenth Park.

#### *Royal Albert Institution.*

Dr. Cyril John Henderson, who has been Medical Superintendent since 1935 retired owing to ill health at the end of September, 1946.



### III GENERAL

#### Prosecutions

The following prosecutions under the Mental Deficiency Act, 1913, which resulted in convictions, were reported to our Board :—

*R. v. Kenneth Farrhurst*—The defendant was convicted at the Chester Assizes on the 15th February, 1946, on a charge of having carnal knowledge of his step-daughter while she was on licence from Cranage Hall, a certified institution under the Mental Deficiency Act, 1913, and was sentenced to twelve months' hard labour.

*R. v. Laurence Joseph Slack*—The defendant was convicted at Leeds Assizes on the 8th July, 1946, on charges of having carnal knowledge of a mental defective who had escaped from Fir Vale Infirmary, Sheffield, an institution approved under Section 37 of the Mental Deficiency Act, 1913, and of procuring a mental defective to have unlawful carnal knowledge. He was bound over for two years.

*R. v. Lawrence Ricketts and Mary Margaret Rogers*—The defendants were convicted on the 12th September, 1946 by a Court of Summary Jurisdiction of an offence under Section 53 of the Mental Deficiency Act, 1913, in respect of Ricketts' son, a mentally defective patient in Ely Lodge, Cardiff, an institution approved under Section 37 of the Mental Deficiency Act, 1913, and were sentenced to one month's and fourteen days' imprisonment respectively.

*R. v. Doris Emily Brine*—The Defendant was convicted at the Bristol Central Police Court on the 2nd October, 1946, of an offence under Section 53 of the Mental Deficiency Act, 1913, in respect of her brother, a mentally defective patient in Brentry Colony, a certified institution under the Mental Deficiency Act, 1913, and was fined £2.

*R. v. Herbert Wetherley*—The defendant pleaded guilty at the Maidstone Assizes on the 20th November, 1946, to an offence under Section 56 of the Mental Deficiency Act, 1913, in respect of a mentally defective woman who had escaped from Leybourne Grange Colony, a certified institution under the Mental Deficiency Act, 1913. He was bound over in the sum of £5 for two years.

*R. v. Gilbert Herbert Kitley*—The defendant pleaded guilty at the Winchester Assizes on the 18th December, 1946, to an offence under Section 56 of the Mental Deficiency Act, 1913, in respect of a mentally defective woman while she was on licence from the House of Help, a certified institution under the Mental Deficiency Act, 1913. The Court postponed sentence and directed that a Petition be presented to a Judicial Authority under Section 8 (1) (a) of the Mental Deficiency Act, 1913.

By Order of the Board,

(Signed) P. BARTER,  
Chairman.

(Signed) H. C. BLEAKLEY,  
Secretary.

32, Rutland Gate,  
Knightsbridge,  
London, S.W.7.

June, 1947.



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